

## CJA INTERPRETER INVOICE

Name Address City, State and Zip Code Phone Email

TO ATTORNEY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete one invoice for each date of service.

Case Name \_\_\_\_\_ Case Number \_\_\_\_\_

Date of service \_\_\_\_\_

1 Travel from \_\_\_\_\_ (address) at  
\_\_\_\_\_ a.m./p.m. to \_\_\_\_\_

\_\_\_\_\_ (address) arrival at  
\_\_\_\_\_ a.m./p.m. = \_\_\_\_\_ # of hour(s)

2 Service time from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m. = \_\_\_\_\_ # of hour(s)

3 Return travel at \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ (address)

arrival at \_\_\_\_\_ a.m./p.m. = \_\_\_\_\_ # of hour(s)

4. Total number of hours - Add lines 1, 2 and 3 = \_\_\_\_\_

If the total number of hours is not a whole number,  
round up to the next whole number. = \_\_\_\_\_

5. Multiply number of hours by the CJA rate at \$65.00 per hour \$ \_\_\_\_\_

6. Round trip mileage: \_\_\_\_\_ miles @ .51 per mile (effective 1/1/11) \$ \_\_\_\_\_

7. Bridge Toll \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_ BART/MUNI \$ \_\_\_\_\_ \$ \_\_\_\_\_

8. Document translation: # of words \_\_\_\_\_ @ \$ \_\_\_\_\_ per  
word \$ \_\_\_\_\_

9. Grand total - Add lines 5, 6, 7, and 8 \$ \_\_\_\_\_